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vCare Supreme Medical Plan

Your Family Deserves Supreme Care

FWD Life Insurance Company (Macau) Limited

vCare Supreme Medical Plan

We all want to take the best possible care of our loved ones, but unexpected healthcare spending can have a significant financial impact on the whole family. Physical and financial health are the key ingredients of a worry-free life, especially when healthcare costs are increasing significantly. vCare Supreme Medical Plan ("the Plan"), not only provides the Insured Person with timely reimbursement on hospitalisation and surgical care, but also a range of quality Medical Services, encouraging you to extend the peace of mind to your loved ones by offering wellness incentives as rewards for staying healthy.

Key Features of vCare Supreme Medical Plan

Renewable[1] supreme protection up to Age 100 (attained age) of the Insured Person

Broadening the safety net

Covers unknown Pre-existing Conditions

Cash benefits for Day Case Procedure and top-up subsidy[2]

Benefit on Emergency treatment

No claims premium discount available

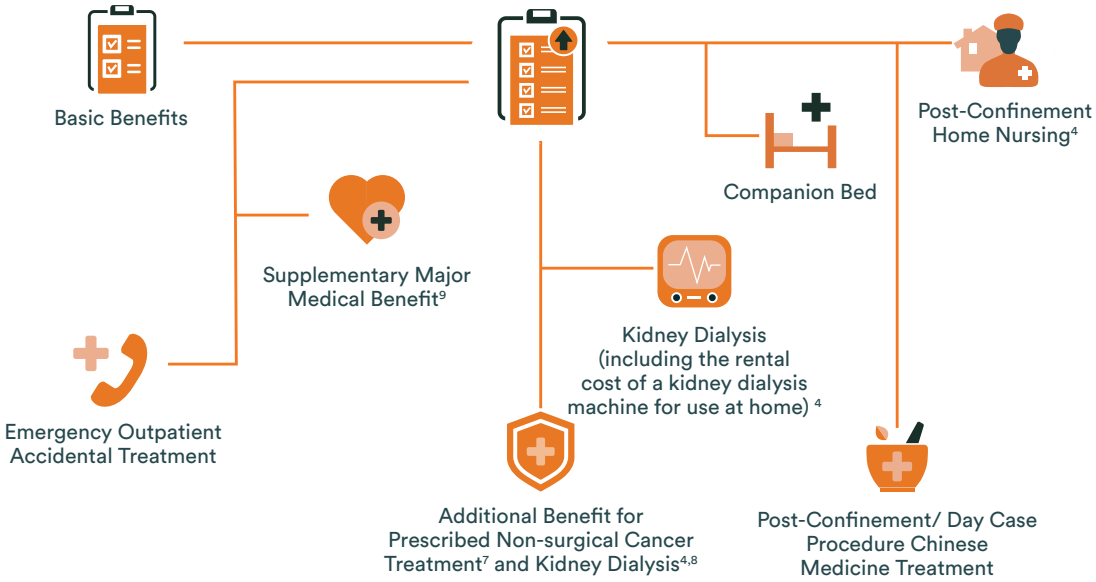
Add-On Features

Third-party professional health assistance services for the support you need[3]

Renewable[1] supreme protection up to Age 100 (attained age) of the Insured Person

The Plan reimburses medical expenses up to an annual limit of HKD520,000 with no lifetime benefit limit. The Plan provides a wide range of medical and surgical items, including room and board, Prescribed Diagnostic Imaging Tests[4,5], psychiatric treatments[6] and pre- and post-Confinement/Day Case Procedure outpatient[4], to reimburse the medical costs from pre-Confinement till rehabilitation. Since it is Renewable[1] until the Insured Person reaches the Age of 100 (attained age), you can rest assured that this scope of coverage will give you a well-rounded safety net throughout the years.

vCare Supreme Medical Plan



Broadening the safety net

To further protect you against the financial consequences of protracted treatments, a supplementary major medical benefit[9] is built in to cover 85% of the Eligible Expenses in excess of the designated benefit items and limits (including per surgery limit, per day limit, maximum number of days per Policy Year and per Policy Year benefit limit), up to HKD100,000 per Disability[10] per Policy Year. And we understand that Medical Services such as Prescribed Non-Surgical Cancer Treatments[7] and kidney dialysis[4] may cost more and last longer than is provided for by the Plan. That's why the Plan also offers additional benefit for these two kinds of treatments, up to a maximum of HKD50,000 per Policy Year.

Covers unknown Pre-existing Conditions

Even if an illness, Disease or Congenital Condition[11] happens to be a Pre-existing Condition that was unknown at the time of Application, it will still be covered by the Plan according to the reimbursement schedule below:

1st Policy Year	2nd Policy Year	3rd Policy Year	4th Policy Year and thereafter
No coverage	25%	50%	100%

Benefit on Emergency treatment

Emergency situations can potentially be very costly. To help relieve your financial stress under such circumstances, the Plan protects you against the costs incurred as a result of Accident up to HKD520,000 per Policy Year, reimbursing expenses up to HKD5,000 per Policy Year for Emergency outpatient accidental treatment and up to HKD20,000 per Policy Year for Emergency outpatient dental treatment[12] respectively.

Cash benefits for Day Case Procedure and top-up subsidy[2]

The Plan goes the extra mile for you. The Plan will reimburse you with HKD500 for any Day Case Procedure (in addition to the Surgeon's fee, Anaesthetist's fee, and operating theatre charges that have been reimbursed to you), and subsidise an extra HKD500 per day for Hospital Confinements (up to 60 days per Policy Year) if you have already claimed from another licensed insurance company.

No claims premium discount available

Individual no claims premium discount

If you haven't made any claim for the Plan for 2 or more consecutive Policy Years immediately prior to Renewal[1], the Plan will offer you a discount of up to 15% on your next Renewal[1] premium regardless of your Age to encourage you to stay healthy. No claims premium discounts apply as follows:

No claims period immediately prior to the Policy's Renewal[1]	No claims premium discount (Discount rate on Renewal[1] premium)
2 consecutive Policy Years	10%
3 consecutive Policy Years	10%
4 consecutive Policy Years	10%
5 or more consecutive Policy Years	15%

Extra no claims premium discount

From the policies you hold as Policy Holder for your loved ones as Insured Person, the Plan offers an extra no claims discount on Renewal[1] premiums if you and your loved ones haven't made any claim for 2 or more consecutive Policy Years prior to Renewal[1]. The more Insured Person you have who stay healthy, the greater the discount you can enjoy.

Number of in-force vCare Supreme Medical Plan policies issued to the Policy Holder which are also eligible for the above individual no claims premium discount on the Renewal[1] Date	Extra no claims premium discount under your Policy (Discount rate on Renewal[1] premium)
2 or 3	2.5%
4	5%
5 or above	10%

Add-On Feature

Third-party professional health assistance services for the support you need[3]

With the Plan, you can rest assured that your wellbeing is in good hands. Whenever you need information or assistance, the professional health assistance services are always here to help:

- A top-notch CANcierge team provides end-to-end cancer treatment services
- Second Medical Opinion Service provided by some of the highest-ranked US medical institutions
- International SOS 24-hour Worldwide Assistance Service ensuring that help is always just a call away

The product information in this brochure does not contain and is subject to the terms and benefits of the Policy. For the full terms, conditions, benefits and exclusions, please refer to the Policy provisions.

The Plan is a standalone medical insurance product. You can purchase this product without bundling with other insurance products

Feature Comparison of FWD Plans

	vCare Supreme Medical Plan	vCANsurance Medical Plan	vPrime Medical Plan
Key Features			
Renewable[1] up to Age 100 (attained age)	✓	✓	✓
Covers unknown Pre-existing Conditions	✓	✓	✓
Emergency outpatient dental treatment[12]	✓ (covers treatment within 2 weeks of the Accident)	✓ (covers treatment within 3 months of the Accident)	✓ (covers treatment within 3 months of the Accident)
Cash benefits for Day Case Procedure and top-up subsidy[2]	✓	✓	✓
Cash benefit for Room and Board Confinement below Entitled Ward Class in a Private Hospital in Macau or Hong Kong		✓ (Applicable to Superior benefit level only)	✓
Adjustable Deductible			✓
Individual no claims premium discount	✓	✓	✓
Extra no claims premium discount	✓	✓	✓
Enhanced Benefits			
Emergency Outpatient Accidental Treatment	✓	✓	✓
Outpatient Kidney Dialysis[4]	✓	✓	✓
Post-Confinement Home Nursing[4]	✓	✓	✓
Companion Bed	✓	✓	✓
Post-Confinement/Day Case Procedure Chinese Medicine Treatment	✓	✓	✓

	vCare Supreme Medical Plan	vCANsurance Medical Plan	vPrime Medical Plan
Enhanced Benefits			
Reconstructive Surgery Benefit and Medical Appliances Benefit for Reconstructive Surgery			✓
Donor's Benefit			✓
Stroke Rehabilitation Treatment			✓
Private Nurse's Fee		✓	✓
Additional Benefit for Prescribed Non-surgical Cancer Treatment[7] and Kidney Dialysis[4,8]	✓	✓	
Supplementary Major Medical Benefit[9]	✓		
First-dollar coverage – deductible waived fordesignated crises			✓
Add-On Features			
Professional Health Assistance Services[3]	✓	✓ (include cashless facility)	✓ (include cashless facility)
Wellness Joy Benefit		✓	

vCare Supreme Medical Plan – General Information

Plan type	Standalone Plan
Issue age	Age 0 (from 15 days) – 80 (attained age)
Benefit term	Yearly Renewable[1] to Age 100 (attained age)
Premium structure	• Based on Insured Person's attained age at issue and gender • Renewal[1] premiums are non-guaranteed and will be determined annually according to the Insured Person's attained age at the time of Renewal[1]
Premium payment term	To Age 100 (attained age)
Premium payment mode	Monthly / Semi-annually / Annually
Currency	HKD

vCare Supreme Medical Plan – Benefit Schedule[13,14,15]

Area of cover	Worldwide[16]
Ward class	No restrictions
Benefit items	Benefit limit
I. Basic benefits	
(a) Room and board	HKD850 per day Maximum 180 days per Policy Year
(b) Miscellaneous charges	HKD14,500 per Policy Year
(c) Attending doctor's visit fee	HKD850 per day Maximum 180 days per Policy Year
(d) Specialist's fee[4]	HKD6,000 per Policy Year
(e) Intensive care	HKD4,500 per day Maximum 25 days per Policy Year
(f) Surgeon's fee	Per surgery, subject to surgical category for the surgery/procedure in the Schedule of Surgical Procedures : • Complex HKD70,000 • Major HKD30,000 • Intermediate HKD15,000 • Minor HKD6,500
(g) Anaesthetist's fee	35% of Surgeon's fee payable[17]
(h) Operating theatre charges	35% of Surgeon's fee payable[17]
(i) Prescribed Diagnostic Imaging test[4,5]	HKD20,000 per Policy Year • Coinsurance is not applicable to Prescribed Diagnostic Imaging Test performed during Confinement • Prescribed Diagnostic Imaging Test performed in a setting for providing Medical Services to a Day Patient is subject to 30% Coinsurance
(j) Prescribed Non-surgical Cancer Treatment[7]	HKD120,000 per Policy Year

vCare Supreme Medical Plan – Benefit Schedule[13,14,15]

(k) Pre- and post-Confinement/ Day Case Procedure outpatient care[4]	HKD580 per visit, up to HKD6,000 per Policy Year • 1 prior outpatient visit or Emergency consultation per Confinement/ Day Case Procedure • 6 follow-up outpatient visits per Confinement/Day Case Procedure (within 90 days after discharge from Hospital or completion of Day Case Procedure) The maximum benefit amount per Policy Year and 6 follow-up outpatient visits per Confinement/Day Case Procedure shall be shared with benefit item (E) of II. Enhanced benefits	
(l) Psychiatric treatments[6]	HKD30,000 per Policy Year	
II. Enhanced benefits		
(A) Emergency outpatient accidental treatment	HKD5,000 per Policy Year	
(B) Kidney dialysis[4]	HKD200,000 per Policy Year	
(C) Post-Confinement home nursing[4]	HKD800 per day Maximum 30 days per Policy Year	
(D) Companion bed	HKD250 per day Maximum 30 days per Policy Year	
(E) Post-Confinement/Day Case Procedure Chinese medicine treatment	HKD580 per visit, up to HKD6,000 per Policy Year • 6 follow-up outpatient visits per Confinement/Day Case Procedure (within 90 days after discharge from Hospital or completion of Day Case Procedure) The maximum benefit amount per Policy Year and 6 follow-up outpatient visits per Confinement/Day Case Procedure shall be shared with benefit item (k) of I. Basic benefits	
(F) Additional benefit for Prescribed Non-surgical Cancer Treatments[7] and kidney dialysis[4,8]	Eligible Expenses in excess of the amounts payable under benefit items (j) of I. Basic benefits and (B) of II. Enhanced benefits	
	Maximum benefit limit per Policy Year	HKD50,000 per Policy Year
(G) Supplementary major medical benefit[9]	Entitled ward class: Standard Ward Room Eligible Expenses in excess of any of the respective benefit limit (including excess over per surgery limit, per day limit, maximum number of days per Policy Year limit or per Policy Year benefit limit) under benefit items (a) to (h) and (j) of I. Basic benefits and (B), (C) and (F) of II. Enhanced benefits	
	Maximum benefit limit per Disability[10] per Policy Year	HKD100,000 per Disability[10] per Policy Year
	Coinsurance	15%

vCare Supreme Medical Plan – Benefit Schedule[13,14,15]

Other limits	
Annual Benefit Limit for benefit items (a) – (l) of I. Basic benefits and (A) – (E) of II. Enhanced benefits	HKD520,000 per Policy Year
Lifetime Benefit Limit for benefit items (a) – (l) of I. Basic benefits and (A) – (G) of II. Enhanced benefits	Nil
III. Other benefits	
(I) Death benefit	HKD15,000
(II) Accidental death benefit	HKD15,000
(III) Emergency outpatient dental treatment[12]	HKD20,000 per Policy Year
(IV) Cash benefit for Day Case Procedure	HKD500 per procedure
(V) Cash benefit for top-up subsidy[2]	HKD500 per day Maximum 60 days per Policy Year
IV. Premium Discount	
No claims premium discount	Individual: If you do not make any claims in 2 or more consecutive Policy Years immediately before Renewal[1], you will be eligible for the no claims premium discount. Please refer to the following table for discount on the Renewal[1] premium.

No claims period immediately prior to the Policy's Renewal[1]	No claims premium discount (Discount rate on Renewal[1] premium)
2 consecutive Policy Years	10%
3 consecutive Policy Years	10%
4 consecutive Policy Years	10%
5 consecutive Policy Years and thereafter	15%

Extra (for all eligible policies you hold as Policy Holder for your family):
If no claim has been paid or payable for at least 2 consecutive Policy Years under your and your family members' policies immediately before Renewal[1], all eligible policies will be entitled to

- an additional 2.5% discount for 2 to 3 in-force eligible policies;
- an additional 5% discount for 4 in-force eligible policies; or
- an additional 10% discount for 5 or above in-force eligible policies on the Renewal[1] premium.

vCare Supreme Medical Plan – Benefit Schedule[13,14,15]

V. Add-On Features	
CANcierge[3]	Applicable
Second Medical Opinion Service[3]	Applicable
International SOS 24-hour Worldwide Assistance Services[3]	Applicable

You may refer to the coinsurance example or other information at FWD's website.

The above product information is indicative of the key features of the product and is for reference only. It does not contain and is subject to the terms and benefits of the Policy. For the full terms, conditions, benefits and exclusions, please refer to the Policy provisions.

Remarks

1. FWD shall renew at each policy anniversary up to the Age of 100 (attained age) of the Insured Person.
   FWD reserves the right to revise the Terms and Benefits, upon Renewal by giving a 30 days advance notice.
2. For the Insured Person covered by any other hospital reimbursement plans offered by a licensed insurance company other than the individual medical policies provided by FWD, regardless of whether it is an individual or group policy, if the Eligible Expenses incurred for any Confinement of the Insured Person are payable under this Policy after any reimbursement has been paid by such other licensed insurance companies, this benefit shall be payable for each day of Confined period in Hospital, subject to the limits as specified in the Benefit Schedule.
3. CANcierge, Second Medical Opinion Services & International SOS 24-hour Worldwide Assistance Services are provided by third party service provider(s) which are not guaranteed renewable. FWD shall not be responsible for any act, negligence or omission of medical advice, opinion, service or treatment on the part of them. FWD reserves the right to amend, suspend and/or terminate the service without further notice. For details of the services, please refer to the leaflet of FWD Professional Health Assistance Services.
4. FWD shall have the right to ask for proof of recommendation e.g. written referral or testifying statement on the claim form by the attending doctor or Registered Medical Practitioner.
5. Tests covered here only include computed tomography (“CT” scan), magnetic resonance imaging (“MRI” scan), positron emission tomography (“PET” scan), PET-CT combined and PET-MRI combined.
6. This benefit shall be payable for the Eligible Expenses charged on the psychiatric treatments during Confinement in Macau or Hong Kong as recommended by a Specialist. The benefit shall be payable in lieu of other benefit items under (a) to (k) of I. Basic benefits in the Benefit Schedule. Where the Eligible Expenses involve both psychiatric and non-psychiatric treatments and apportionment of the expenses is not available, the expenses in entirety shall be payable under this benefit if the Confinement is initially for the purpose of psychiatric treatments. If the Confinement initially is not for the purpose of psychiatric treatments, the expenses in entirety shall be payable under (a) to (k) of I. Basic benefits in the Benefit Schedule.
7. Treatments covered here only include radiotherapy, chemotherapy, targeted therapy, immunotherapy and hormonal therapy.
8. For details, please refer to Section (F) of Part 1 of the Supplement - Enhanced benefits under the Policy provisions.

9. For details, please refer to Section (G) of Part 1 of the Supplement - Enhanced benefits under the Policy provisions.

10. (a) The benefit limit shall be counted anew for each Confinement or Day Case Procedure for the same Disability provided that such Confinement or Day Case Procedure does not occur within 90 consecutive days following the Last Date (as defined in the Supplement - Enhanced benefits under the Policy provisions) of the previous Confinement or Day Case Procedure concerning the same Disability.
(b) The benefit limit shall not be counted afresh if the Insured Person is Confined or receives any Day Case Procedures involving more than 1 Disability.
For details, please refer to Section (G) of Part 1 of the Supplement - Enhanced benefits under the Policy provisions.

11. Congenital Condition is only covered for condition which has manifested or been diagnosed after the Age of 8 (attained age) of the Insured Person.

12. This benefit is payable for the Reasonable and Customary charges of Emergency Treatment of the Insured Person's sound natural teeth solely as a direct result of an Injury, if such treatment is provided within 2 weeks of the Accident causing such Injury by a registered dentist in a legally registered dental clinic. FWD shall not pay any benefits for any restorative or remedial work (for the purpose other than Emergency Treatment), prostheses, the use of any precious metals or any kind of orthodontics, or other dental surgery performed in a legally registered dental clinic unless the dental surgery is medically necessary. For the purpose of this benefit, medically necessary shall mean the medical service, procedure or supply which are necessary and is (a) consistent with the diagnosis and customary dental treatment; (b) recommended by a Registered Medical Practitioner, Surgeon or registered dentist for such emergency dental treatment and must be widely accepted professionally in Macau or the relevant jurisdictions outside Macau where the medical service is provided to the Insured Person, as effective, appropriate and essential based upon recognised standards of the health care specialty involved; and (c) not furnished primarily for the personal comfort or convenience of the Insured Person or any medical service provider. Experimental, screening and preventive services or supplies shall not be considered as medically necessary for the purpose of this benefit.

13. Unless otherwise specified, the Eligible Expenses incurred in respect of the same item shall not be recoverable under more than one benefit item in the table above.

14. The benefit coverage, benefit amount and benefit limits, territorial scope of cover, choice of healthcare services provider, choice of ward class, Deductible (if any), Coinsurance (if any), the waiting period for unknown Pre-existing Conditions and the calculation of no claims premium discounts of this Plan will remain unchanged even if the Policy Year lasts for less than 12 months.

15. All benefits described in these Terms and Benefits are not subject to any restriction in the choice of health care services providers, including but not limited to Registered Medical Practitioner and Hospital.

16. Except for the psychiatric treatments as stated in benefit item (l) of I. Basic benefits in the Benefit Schedule, all benefits described in the benefit items shall be applicable worldwide.

17. The percentage here applies to the Surgeon's fee actually payable or the benefit limit for the Surgeon's fee according to the surgical categorisation, whichever is the lower.

Key Product Risks

Credit Risk

This Plan is an insurance Policy issued by FWD. The Application of this insurance product and all benefits payable under your Policy are subject to the credit risk of FWD. You will bear the default risk in the event that FWD is unable to satisfy its financial obligations under this insurance contract.

Exchange Rate and Currency Risk

The Application of this insurance product with the Policy currency denominated in a foreign currency is subject to that foreign currency's exchange rate and currency risk. The foreign currency may be subject to the relevant regulatory bodies' control (for example, exchange restrictions). If your home currency is different from the Policy currency, please note that any exchange rate fluctuation between your home currency and the Policy currency of this insurance product will have a direct impact on the amount of premium required and the value of benefit(s) to be received. For instance, if the Policy currency of the insurance product depreciates substantially against your home currency, there is a negative impact on the benefits you receive from this Plan. If the Policy currency of the insurance product appreciates substantially against your home currency, your burden of the premium payment is increased.

Inflation Risk

The cost of living in the future may be higher than now due to the effects of inflation. Therefore, the benefits under this Plan may not be sufficient for the increasing protection needs in the future even if FWD fulfills all of its contractual obligations.

Premium Adjustment

The Standard Premium is non-guaranteed and will be determined annually based on the attained age of the Insured Person at the time of Renewal. The Standard Premium may increase significantly due to factors including but not limited to Age, and claims experience and policy persistency on an overall basis.

Premium Term and Non-Payment of Premium

The premium payment term of the Plan is up to the Age of 100 years (attained age) of the Insured Person.
FWD allows a grace period of 30 days after the premium due date for payment of each premium. This Policy shall continue to be in effect during the grace period but no benefits shall be payable unless the premium is paid. If a premium is still unpaid at the expiration of the grace period, the Policy will be terminated from the date the first unpaid premium was due. Please note that once the Plan is terminated on this basis, you will lose all of your benefits.

Termination Conditions

The Policy shall be automatically terminated on the earliest of the followings:

(a) where the Policy is terminated due to non-payment of premiums after the grace period as specified in Section 13 of Part 2 or Section 3 of Part 3 of the Terms and Benefits of the Policy provisions; or
(b) the day immediately following the death of the Insured Person; or
(c) FWD has ceased to have the requisite authorisation under the Macau Insurance Companies Ordinance to write or continue to write the Policy

Immediately following the termination of this Policy, insurance coverage under the Policy shall cease to be in force. No premium paid for the current Policy Year and previous Policy Years shall be refunded, unless specified otherwise.

Where the Policy is terminated pursuant to (a), the effective date of termination shall be the date that the unpaid premium is first due.

Where the Policy is terminated pursuant to (b) or (c), FWD shall refund the relevant premium paid for the current Policy Year on a pro rata basis.

Moreover, the Policy shall also be terminated if you decide to cancel the Policy or not to renew the Policy in accordance with Section 3 of Part 2 or Section 1 of Part 4 of the Terms and Benefits of the Policy provisions, as the case may be, by giving the requisite written notice to FWD. If the Policy is terminated for cancellation after cooling-off period, the effective date of termination shall be the date as stated in the cancellation notice given by you. However, such date shall not be within or earlier than the 30-day notice period. If the Policy is not renewed, the effective date of termination shall be the renewal date immediately following the expiry of the Policy Year during which the Policy remains valid.
For more details, please refer to Section 15 of Part 2 of the Terms and Benefits of the Policy provisions.

General Exclusions

Under the Terms and Benefits of the Policy provisions, FWD shall not pay any benefits in relation to or arising from the following expenses.

1. Expenses incurred for treatments, procedures, medications, tests or services which are not Medically Necessary.
2. Expenses incurred for the whole or part of the Confinement solely for the purpose of diagnostic procedures or allied health services, including but not limited to physiotherapy, occupational therapy and speech therapy, unless such procedure or service is recommended by a Registered Medical Practitioner for Medically Necessary investigation or treatment of a Disability which cannot be effectively performed in a setting for providing Medical Services to a Day Patient.
3. Expenses arising from Human Immunodeficiency Virus ("HIV") and its related Disability, which is contracted or occurs before the Policy Effective Date. Irrespective of whether it is known or unknown to the Policy Holder or the Insured Person at the time of submission of Application, including any updates of and changes to such requisite information (if so requested by FWD under Section 6 of Part 1 of the Terms and Benefits of the Policy provisions) such Disability shall be generally excluded from any coverage of the Terms and Benefits of the Policy provisions if it exists before the Policy Effective Date. If evidence of proof as to the time at which such Disability is first contracted or occurs is not available, manifestation of such Disability within the first 5 years after the Policy Effective Date shall be presumed to be contracted or occur before the Policy Effective Date, while manifestation after such 5 years shall be presumed to be contracted or occur after the Policy Effective Date.
   However, the exclusion under this Section 3 shall not apply where HIV and its related Disability is caused by sexual assault, medical assistance, organ transplant, blood transfusions or blood donation, or infection at birth, and in such cases the other terms of these Terms and Benefits shall apply.
4. Expenses incurred for Medical Services as a result of Disability arising from or consequential upon the dependence, overdose or influence of drugs, alcohol, narcotics or similar drugs or agents, self-inflicted injuries or attempted suicide, illegal activity, or venereal and sexually transmitted disease or its sequelae (except for HIV and its related Disability, where this Section 3 applies).
5. Any charges in respect of services for:
   (a) beautification or cosmetic purposes, unless necessitated by Injury caused by an Accident and the Insured Person receives the Medical Services within 90 days of the Accident; or
   (b) correcting visual acuity or refractive errors that can be corrected by fitting of spectacles or contact lens, including but not limited to eye refractive therapy, LASIK and any related tests, procedures and services.
6. Expenses incurred for prophylactic treatment or preventive care, including but not limited to general check-ups, routine tests, screening procedures for asymptomatic conditions, screening or surveillance procedures based on the health history of the Insured Person and/or his family members, Hair Mineral Analysis (HMA), immunisation or health supplements. For the avoidance of doubt, this Section 6 does not apply to:
   (a) treatments, monitoring, investigation or procedures with the purpose of avoiding complications arising from any other Medical Services provided;
   (b) removal of pre-malignant conditions; and
   (c) treatment for prevention of recurrence or complication of a previous Disability.
7. Expenses incurred for dental treatment and oral and maxillofacial procedures performed by a dentist except for Emergency Treatment and surgery during Confinement arising from an Accident. Follow-up dental treatment or oral surgery after discharge from Hospital shall not be covered.
8. Expenses incurred for Medical Services and counselling services relating to maternity conditions and its complications, including but not limited to diagnostic tests for pregnancy or resulting childbirth, abortion or miscarriage; birth control or reversal of birth control; sterilisation or sex reassignment of either sex; infertility including in-vitro fertilisation or any other artificial method of inducing pregnancy; or sexual dysfunction including but not limited to impotence, erectile dysfunction or pre-mature ejaculation, regardless of cause.
9. Expenses incurred for the purchase of durable medical equipment or appliances including but not limited to wheelchairs, beds and furniture, airway pressure machines and masks, portable oxygen and oxygen therapy devices, dialysis machines, exercise equipment, spectacles, hearing aids, special braces, walking aids, over-the-counter drugs, air purifiers or conditioners and heat appliances for home use. For the avoidance of doubt, this exclusion shall not apply to rental of medical equipment or appliances during Confinement or on the day of the Day Case Procedure.

General Exclusions

10. Expenses incurred for traditional Chinese medicine treatment, including but not limited to herbal treatment, bone-setting, acupuncture, acupressure and tui na, and other forms of alternative treatment including but not limited to hypnotism, qigong, massage therapy, aromatherapy, naturopathy, hydropathy, homeotherapy and other similar treatments.
11. Expenses incurred for experimental or unproven medical technology or procedure in accordance with the common standard, or not approved by the recognised authority, in the locality where the treatment, procedure, test or service is received.
12. Expenses incurred for Medical Services provided as a result of Congenital Condition(s) which have manifested or been diagnosed before the Insured Person attained the Age of 8 years (attained age).
13. Eligible Expenses which have been reimbursed under any law, or medical program or insurance Policy provided by any government, company or other third party.
14. Expenses incurred for treatment for Disability arising from war (declared or undeclared), civil war, invasion, acts of foreign enemies, hostilities, rebellion, revolution, insurrection, or military or usurped power.

The above list is not exhaustive and is for reference only. Please refer to the policy provision for the complete exclusions including but not limited to exclusions for emergency outpatient dental treatment and accidental death benefit.

Important Notes

Your right under the cooling-off period

If you are not completely satisfied with these Terms and Benefits, and you have not made a claim, you can cancel it by giving a written notice to FWD. Such notice must be signed by you and received directly by FWD within **21 calendar days** immediately following:

(1) the day FWD delivers these Terms and Benefits to you or your nominated representative; or

(ii) the day FWD delivers a cooling-off notice (separate from these Terms and Benefits) to you or your nominated representative informing you about these Terms and Benefits and the right to cancel within the stated **21 calendar day** period;

whichever is earlier.

This 21 calendar day period is called the cooling-off period. You can cancel these Terms and Benefits and receive premiums without interest back. FWD follows the cooling-off period principles set out by Monetary Authority of Macao to protect customers.

While these Terms and Benefits or rider (if applicable) is in force, you may surrender or terminate these Terms and Benefits or rider (if applicable) by sending a written request to FWD.

Cancellation Right after Cooling-off Period

After the cooling-off period, you can request cancellation of these Terms and Benefits by giving 30 days prior written notice to FWD, provided that there has been no benefit payment under these Terms and Benefits during the relevant Policy Year.

Other insurance coverage

If you have taken out other insurance coverage besides the Plan, you shall have the right to claim under any such other insurance coverage or the Plan. However, if you or the Insured Person has already recovered all or part of the expenses from any such other insurance coverage, FWD shall only be liable for such amount of Eligible Expense, if any, which is not compensated by any such other insurance coverage.

Important Notes

Notice to Claim

Medical claims

All claims incurred shall be submitted to FWD within 90 days after the date on which the Insured Person is discharged from the Hospital, or the date on which the relevant Medical Service is performed and completed. For this purpose,

(a) all original receipts and/or original itemised bills together with the diagnosis, type of treatment, procedure, test or service provided shall have been submitted to FWD; and
(b) all relevant information, certificates, reports, evidence, referral letter and other data or materials as reasonably required by FWD shall have been furnished to FWD for processing of such claim.

You shall notify FWD if claims cannot be submitted within the above timeframe, otherwise FWD shall have the right to reject claims submitted after the above timeframe. All certificates, information and evidence that are reasonably required by FWD and which can be reasonably provided by you shall be furnished at the expenses of you.

Death / accidental death claims

Death / accidental death benefit is payable to beneficiary upon Insured Person's death if the claimant submits the completed Death Claim Form, the Death Claim - Attending Physician's Report completed by the last attending doctor (only applicable for death occurred within the first 3 Policy Years), due proof of the death and any other documents as reasonably required by FWD (including all relevant certificates, reports, evidence and other data or materials).

All such documents which can be reasonably provided by you shall be furnished at the expenses of you.

Automatic Exchange of Financial Account Information

FWD must comply with the following requirements to facilitate the Financial Services Bureau automatically exchanging certain financial account information:

i. to identify accounts as non-excluded "financial accounts" ("NEFAs");
ii. to identify the jurisdiction(s) in which NEFA-holding individuals and NEFA-holding entities reside for tax purposes;
iii. to determine the status of NEFA-holding entities as "passive NFEs" and identify the jurisdiction(s) in which their controlling persons reside for tax purposes;
iv. to collect information on NEFAs ("Required Information"); and
v. to furnish Required Information to the Financial Services Bureau.

You must comply with requests made by FWD to comply with the above listed requirements.

Important Words

Accident
shall mean a sudden and unforeseen event occurring entirely beyond the control of the Insured Person and caused by violent, external and visible means.

Confinement or Confined
shall mean an admission of the Insured Person to a Hospital that is recommended by a Registered Medical Practitioner for Medical Service and as an Inpatient as a result of a Medically Necessary condition.
Confinement shall be evidenced by a daily room charge invoiced by the Hospital and the Insured Person must stay in the Hospital continuously for the entire period of Confinement.

Congenital Condition(s)
shall mean (a) any medical, physical or mental abnormalities existed at the time of or before birth, whether or not being manifested, diagnosed or known at birth; or (b) any neo-natal abnormalities developed within 6 months of birth.

Day Case Procedure
shall mean a Medically Necessary surgical procedure for investigation or treatment to the Insured Person performed in a medical clinic, or day case procedure centre or Hospital with facilities for recovery as a Day Patient.

Disability
shall mean a Sickness or Disease or Injury, including any and all complications arising therefrom.

Eligible Expenses
shall mean expenses incurred for Medical Services rendered with respect to a Disability.

Medically Necessary
Medically Necessary shall mean the need to have medical service for the purpose of investigating or treating the relevant Disability in accordance with the generally accepted standards of medical practice and such medical service must –

(a) require the expertise of, or be referred by, a Registered Medical Practitioner;
(b) be consistent with the diagnosis and necessary for the investigation and treatment of the Disability;
(c) be rendered in accordance with standards of good and prudent medical practice, and not be rendered primarily for the convenience or the comfort of the Insured Person, his family, caretaker or the attending Registered Medical Practitioner;
(d) be rendered in the setting that is most appropriate in the circumstances and in accordance with the generally accepted standards of medical practice for the medical services; and
(e) be furnished at the most appropriate level which, in the prudent professional judgment of the attending Registered Medical Practitioner, can be safely and effectively provided to the Insured Person.

For the purpose of these Terms and Benefits, without prejudice to the generality of the foregoing, circumstances where a Confinement is considered Medically Necessary include, but not limited to –

(i) the Insured Person is having an Emergency that requires urgent treatment in Hospital;
(ii) surgical procedures are performed under general anaesthesia;
(iii) equipment for surgical procedure is available in Hospital and procedure cannot be done on a Day Patient basis;
(iv) there is significantly severe co-morbidity of the Insured Person;
(v) taking into account the individual circumstances of the Insured Person, the attending Registered Medical Practitioner has exercised his prudent professional judgment and is of the view that for the safety of the Insured Person, the medical service should be conducted in Hospital;
(vi) in the prudent professional judgment of the attending Registered Medical Practitioner, the length of Confinement of the Insured Person is appropriate for the medical service concerned; and/or
(vii) in the case of diagnostic procedures or allied health services prescribed by a Registered Medical Practitioner, such Registered Medical Practitioner has exercised his prudent professional judgment and is of the view that for the safety of the Insured Person, such procedures or services should be conducted in Hospital.

For the purpose of exercising his prudent professional judgment in (v) to (vii) above, the attending Registered Medical Practitioner shall have regard to whether the Confinement –

(aa) is in accordance with standards of good and prudent medical practice in the locality for the medical service rendered, and, in the prudent professional judgment of the attending Registered Medical Practitioner, not rendered primarily for the convenience or the comfort of the Insured Person, his family, caretaker or the attending Registered Medical Practitioner; and
(bb) is in the setting that is most appropriate in the circumstances and in accordance with the generally accepted standards of medical practice in the locality for the medical service rendered.

Important Words

Pre-existing Condition(s)

shall mean, in respect of the Insured Person, any Sickness, Disease, Injury, physical, mental or medical condition or physiological degradation, including Congenital Condition, that has existed prior to the Policy Issuance Date or the Policy Effective Date, whichever is the earlier. An ordinary prudent person shall be reasonably aware of a Pre-existing Condition, where –

(a) it has been diagnosed;
(b) it has manifested clear and distinct signs or symptoms; or
(c) medical advice or treatment has been sought, recommended or received.

Reasonable and Customary

FWD shall only cover charges or expenses which FWD believes are Reasonable and Customary. Reasonable and Customary shall mean, in relation to a charge for Medical Service, such level which does not exceed the general range of charges being charged by the relevant service providers in the locality where the charge is incurred for similar treatment, services or supplies for people with similar conditions, e.g. of the same sex and similar Age, for a similar Disability, as FWD reasonably determine in utmost good faith.

The Reasonable and Customary charges will never in any circumstance exceed the actual charges incurred. FWD may exercise the right to determine whether the charges for treatment, medical services and supplies are regarded as Reasonable and Customary with reference to treatment or service fee statistics and surveys in the insurance or medical industry; internal or industry claim statistics; gazette published by the government; and/or other pertinent source of reference in the locality where the treatments, services or supplies are provided.

FWD may exercise the right to adjust any benefit payable in relation to any charges which are not Reasonable and Customary.

Standard Ward Room

shall mean a room type in a Hospital that is below a Standard Semi-private Room.

Standard Semi-private Room

shall mean a single or double occupancy room in a Hospital, with a shared bath or shower room.

Standard Private Room

shall mean a standard single occupancy room with an adjoining bathroom for the Insured Person's use during his or her Confinement, but does not include any Hospital room that has its own kitchen, dining or sitting room.

Declarations

- FWD reserves the right to revise, modify or adjust the Terms and Benefits under the Policy. FWD also reserves the right to adjust the Standard Premium at each Policy Renewal on an overall basis. In addition, FWD can revise, modify or adjust the terms and conditions for the add-on services subject to its prevailing rules and regulations from time to time at its sole discretion.
- This Plan is underwritten by FWD. FWD is solely responsible for all features, Policy approval, coverage and benefit payment under this Plan. FWD recommends you carefully consider whether this Plan is suitable for you in view of your financial needs and that you fully understand the risk involved in this Plan before submitting your Application. You should not apply for or purchase this Plan unless you fully understand it and you agree it is suitable for you. Please read through the related risks before making any Application of this Plan.
- This Plan is issued by FWD. FWD accepts full responsibility for the accuracy of the information contained in this product material. This product material is intended to be distributed in the Macao Special Administrative Region ("Macau") only and shall not be construed as an offer to sell, a solicitation to buy or the provision of any insurance products of FWD outside Macau. All selling and Application procedures of this Plan must be conducted and completed in Macau.
- This Plan is an insurance product. The premium paid is not a bank savings deposit or time deposit. This Plan is not protected under the Deposit Protection Regime in Macau.
- This Plan is an Individual Indemnity Hospital Insurance Plan without any savings element. The period of cover of the Plan is 1 year and this Plan is renewable up to the Age of 100 (attained age) of Insured Person. The costs of insurance and the related costs of the Policy are included in the premium paid under this Plan despite the product brochure/leaflet and/or the illustration documents of this product having no schedule/section of fees and charges or no additional charge noted other than the premium.
- The premium, whether paid for a Policy Year or by instalment as agreed by FWD, shall be paid in advance when due before any benefits shall be paid.
- All underwriting and claims decisions are made by FWD. FWD relies upon the information provided by the applicant and the Insured Person in the insurance Application to decide to accept or decline the Application with a full refund of any premium paid without interest. FWD reserves the right to accept/reject any insurance Application and can decline your insurance Application by giving notification and explanation of Application result.

  You or the Insured Person are/is required to disclose all material facts in response to FWD's underwriting questions. Material facts are the facts, information or circumstances, in particular medically-related facts, e.g. medical history, smoking status, etc., that would influence the judgment of FWD in setting the premium, or in determining whether to insure the risk. If you or the Insured Person are/is uncertain as to whether or not a certain piece of information is material, please take a cautious approach and disclose it to FWD.

  In case incorrect disclosure or non-disclosure of any material facts constitutes misstatement of personal information, misrepresentation or fraud , FWD shall have the right to adjust the premium, for the past, current or future Policy Years on the basis of the correct information or declare the Policy void as from the Policy Effective Date. In case the Policy is declared void, FWD reserves the right to demand refund of the benefits previously paid for the current Policy Year and the previous Policy Years in which this Policy was in force, subject to a reasonable administration charge payable to FWD, and even not to refund the premium received. For details, please refer to Sections 13 and 14 of Part 2 of the Terms and Benefits under the Policy provisions.

This product material is for reference only and is indicative of the key features of this Plan. For the exact terms, conditions, benefits and exclusions of this Plan, please refer to the Terms and Benefits, Benefit Schedule and other Policy documents. In the event of any ambiguity or inconsistency between the terms of this leaflet and the Terms and Benefits , the Terms and Benefits shall prevail. In case you want to read the Terms and Benefits before making an Application, you can obtain a copy from FWD. The Terms and Benefits of this Plan are governed by the laws of Macau.

Address of FWD office: 12/F, Fortuna Business Centre, No. 301-355, Avenida Comercial De Macau, Macau

FWD insurance

Celebrate living
fwd.com.mo

For more information

(including historical premium increase rates, claims related information and other information)

Please contact your financial advisor, call our Service Hotline or simply check out our website.

fwd.com.mo

Service Hotline
8988 6060

Learn more about vCare Supreme Medical Plan

更衛您(優越版)醫療計劃(獨立保單)
vCare Supreme Medical Plan (Standalone Plan)

標準保費表 (港元)
Standard Premium Schedule (HKD)

實際年齡 Attained Age	下次生日年齡 Age at next birthday	年供 Annual		半年供 Semi-annual		月供 Monthly	
		男性 Male	女性 Female	男性 Male	女性 Female	男性 Male	女性 Female
0	1	5,544	4,285	2,882.88	2,228.20	498.96	385.65
1	2	5,544	4,285	2,882.88	2,228.20	498.96	385.65
2	3	5,544	4,285	2,882.88	2,228.20	498.96	385.65
3	4	5,544	4,285	2,882.88	2,228.20	498.96	385.65
4	5	2,485	2,983	1,292.20	1,551.16	223.65	268.47
5	6	2,485	2,983	1,292.20	1,551.16	223.65	268.47
6	7	2,485	2,983	1,292.20	1,551.16	223.65	268.47
7	8	2,485	2,983	1,292.20	1,551.16	223.65	268.47
8	9	2,485	2,983	1,292.20	1,551.16	223.65	268.47
9	10	2,485	2,983	1,292.20	1,551.16	223.65	268.47
10	11	2,485	2,983	1,292.20	1,551.16	223.65	268.47
11	12	2,485	2,983	1,292.20	1,551.16	223.65	268.47
12	13	2,485	2,983	1,292.20	1,551.16	223.65	268.47
13	14	2,485	2,983	1,292.20	1,551.16	223.65	268.47
14	15	2,485	2,983	1,292.20	1,551.16	223.65	268.47
15	16	2,555	3,158	1,328.60	1,642.16	229.95	284.22
16	17	2,687	3,325	1,397.24	1,729.00	241.83	299.25
17	18	2,712	3,453	1,410.24	1,795.56	244.08	310.77
18	19	2,726	3,577	1,417.52	1,860.04	245.34	321.93
19	20	2,744	3,683	1,426.88	1,915.16	246.96	331.47
20	21	2,786	3,776	1,448.72	1,963.52	250.74	339.84
21	22	2,799	3,848	1,455.48	2,000.96	251.91	346.32
22	23	2,858	3,925	1,486.16	2,041.00	257.22	353.25
23	24	2,918	4,054	1,517.36	2,108.08	262.62	364.86
24	25	3,017	4,177	1,568.84	2,172.04	271.53	375.93
25	26	3,101	4,260	1,612.52	2,215.20	279.09	383.40
26	27	3,179	4,355	1,653.08	2,264.60	286.11	391.95
27	28	3,289	4,460	1,710.28	2,319.20	296.01	401.40
28	29	3,369	4,567	1,751.88	2,374.84	303.21	411.03
29	30	3,485	4,676	1,812.20	2,431.52	313.65	420.84
30	31	3,566	4,791	1,854.32	2,491.32	320.94	431.19
31	32	3,653	4,910	1,899.56	2,553.20	328.77	441.90
32	33	3,736	5,043	1,942.72	2,622.36	336.24	453.87
33	34	3,852	5,174	2,003.04	2,690.48	346.68	465.66
34	35	3,998	5,321	2,078.96	2,766.92	359.82	478.89
35	36	4,104	5,470	2,134.08	2,844.40	369.36	492.30

更衛您(優越版)醫療計劃(獨立保單)
vCare Supreme Medical Plan (Standalone Plan)

標準保費表 (港元)
Standard Premium Schedule (HKD)

實際年齡 Attained Age	下次生日年齡 Age at next birthday	年供 Annual		半年供 Semi-annual		月供 Monthly	
		男性 Male	女性 Female	男性 Male	女性 Female	男性 Male	女性 Female
36	37	4,171	5,614	2,168.92	2,919.28	375.39	505.26
37	38	4,305	5,765	2,238.60	2,997.80	387.45	518.85
38	39	4,436	5,832	2,306.72	3,032.64	399.24	524.88
39	40	4,503	5,860	2,341.56	3,047.20	405.27	527.40
40	41	4,685	6,127	2,436.20	3,186.04	421.65	551.43
41	42	4,800	6,418	2,496.00	3,337.36	432.00	577.62
42	43	5,015	6,617	2,607.80	3,440.84	451.35	595.53
43	44	5,255	6,878	2,732.60	3,576.56	472.95	619.02
44	45	5,525	7,153	2,873.00	3,719.56	497.25	643.77
45	46	5,796	7,422	3,013.92	3,859.44	521.64	667.98
46	47	6,063	7,717	3,152.76	4,012.84	545.67	694.53
47	48	6,326	7,962	3,289.52	4,140.24	569.34	716.58
48	49	6,634	8,091	3,449.68	4,207.32	597.06	728.19
49	50	6,885	8,109	3,580.20	4,216.68	619.65	729.81
50	51	7,220	8,578	3,754.40	4,460.56	649.80	772.02
51	52	7,636	8,899	3,970.72	4,627.48	687.24	800.91
52	53	8,035	9,187	4,178.20	4,777.24	723.15	826.83
53	54	8,459	9,470	4,398.68	4,924.40	761.31	852.30
54	55	8,938	9,848	4,647.76	5,120.96	804.42	886.32
55	56	9,462	10,257	4,920.24	5,333.64	851.58	923.13
56	57	9,884	10,658	5,139.68	5,542.16	889.56	959.22
57	58	10,407	11,055	5,411.64	5,748.60	936.63	994.95
58	59	10,932	11,485	5,684.64	5,972.20	983.88	1,033.65
59	60	11,513	12,044	5,986.76	6,262.88	1,036.17	1,083.96
60	61	12,045	12,644	6,263.40	6,574.88	1,084.05	1,137.96
61	62	12,716	13,271	6,612.32	6,900.92	1,144.44	1,194.39
62	63	13,403	13,898	6,969.56	7,226.96	1,206.27	1,250.82
63	64	14,110	14,530	7,337.20	7,555.60	1,269.90	1,307.70
64	65	14,993	15,144	7,796.36	7,874.88	1,349.37	1,362.96
65	66	15,820	15,764	8,226.40	8,197.28	1,423.80	1,418.76
66	67	16,698	16,427	8,682.96	8,542.04	1,502.82	1,478.43
67	68	17,631	17,131	9,168.12	8,908.12	1,586.79	1,541.79
68	69	18,610	17,874	9,677.20	9,294.48	1,674.90	1,608.66
69	70	19,633	18,646	10,209.16	9,695.92	1,766.97	1,678.14
70	71	20,674	19,427	10,750.48	10,102.04	1,860.66	1,748.43
71	72	21,723	20,204	11,295.96	10,506.08	1,955.07	1,818.36

更衛您(優越版)醫療計劃(獨立保單)
vCare Supreme Medical Plan (Standalone Plan)

標準保費表 (港元)
Standard Premium Schedule (HKD)

實際年齡 Attained Age	下次生日年齡 Age at next birthday	年供 Annual		半年供 Semi-annual		月供 Monthly	
		男性 Male	女性 Female	男性 Male	女性 Female	男性 Male	女性 Female
72	73	22,778	20,968	11,844.56	10,903.36	2,050.02	1,887.12
73	74	23,616	21,710	12,280.32	11,289.20	2,125.44	1,953.90
74	75	24,415	22,755	12,695.80	11,832.60	2,197.35	2,047.95
75	76	25,402	23,768	13,209.04	12,359.36	2,286.18	2,139.12
76	77	26,528	24,822	13,794.56	12,907.44	2,387.52	2,233.98
77	78	27,526	25,848	14,313.52	13,440.96	2,477.34	2,326.32
78	79	28,298	26,719	14,714.96	13,893.88	2,546.82	2,404.71
79	80	29,078	27,470	15,120.56	14,284.40	2,617.02	2,472.30
80	81	30,143	28,451	15,674.36	14,794.52	2,712.87	2,560.59
81^	82^	31,217	29,293	16,232.84	15,232.36	2,809.53	2,636.37
82^	83^	32,264	30,117	16,777.28	15,660.84	2,903.76	2,710.53
83^	84^	33,360	30,959	17,347.20	16,098.68	3,002.40	2,786.31
84^	85^	34,454	31,875	17,916.08	16,575.00	3,100.86	2,868.75
85^	86^	35,581	32,857	18,502.12	17,085.64	3,202.29	2,957.13
86^	87^	36,640	33,861	19,052.80	17,607.72	3,297.60	3,047.49
87^	88^	37,728	34,862	19,618.56	18,128.24	3,395.52	3,137.58
88^	89^	38,812	35,876	20,182.24	18,655.52	3,493.08	3,228.84
89^	90^	39,767	36,929	20,678.84	19,203.08	3,579.03	3,323.61
90^	91^	40,621	37,786	21,122.92	19,648.72	3,655.89	3,400.74
91^	92^	41,499	38,360	21,579.48	19,947.20	3,734.91	3,452.40
92^	93^	42,128	39,047	21,906.56	20,304.44	3,791.52	3,514.23
93^	94^	42,592	39,425	22,147.84	20,501.00	3,833.28	3,548.25
94^	95^	43,065	39,915	22,393.80	20,755.80	3,875.85	3,592.35
95^	96^	43,536	40,523	22,638.72	21,071.96	3,918.24	3,647.07
96^	97^	44,007	41,026	22,883.64	21,333.52	3,960.63	3,692.34
97^	98^	44,492	41,533	23,135.84	21,597.16	4,004.28	3,737.97
98^	99^	44,994	42,044	23,396.88	21,862.88	4,049.46	3,783.96
99^	100^	45,448	42,468	23,632.96	22,083.36	4,090.32	3,822.12

^只適用於***續保***。

^For Renewal only.

FWD insurance

One Plan
One Team
One Stop Solution

Everyone would like to be along with a reliable partner, so as to focus on their recovery and enjoy life even when facing any health problems. As your trusted partner, in addition to providing you with comprehensive medical protection, FWD also customises dedicated health services especially for your needs. CANcierge[1] gives you priority treatment from a professional health management team with a one stop approach, helping you when you need it most. You can relax knowing FWD is there to take care of all aspects of your health.

Professional & Experienced
Medical Team as your Partner

A professional medical service provider is undoubtedly the best option to provide prompt & suitable medical advice and treatment. That's why CANcierge[1] provides you with a dedicated network of specialists so you can receive the most efficient treatment from the best-suited doctor. With this professional team of experts as your guardian angel, you can be hassle free even when faced with illnesses or diseases.

Tailor-made Support and
Hospitalisation Arrangement

CANcierge[1] always puts your interest first. Should you require hospitalisation and/or treatment due to a Covered Cancer[2] as diagnosed by CANcierge's doctor, the team of specialists will arrange for you to be admitted to hospital and receive tailor-made treatment, as well as provide follow-up consultation and supportive therapies. You can then continue to live your life.

Efficient and Seamless Claims Resolution
and Cashless Facility[3]

CANcierge's team of specialists will assist you to apply for Cashless Facility[3] to FWD if you are diagnosed with a Covered Cancer[2]. Upon successful arrangement of whole process of this resolution, FWD would then provide Cashless Facility[3] and pay the hospitalisation, treatment and supportive therapies' fees & charges on your behalf. Payment and claim requests for such fees can be dispensed and you can manage your cash reserve more effectively!

Let CANcierge be your partner in safeguarding your health!

CANcierge Hotline:
Macau: (853) 8988 6066
Hong Kong: (852) 8120 9066
Toll-free number for Mainland: 400 9303078
24-hour full support[4]

For any enquiries about policy information, please contact your advisors or our customer service hotline (853) 8988 6060.

Note:

- The claimable amount of medical expenditure is subject to the benefits of Eligible Plans, including but not limited to benefit items and benefit amounts.
- Please seek a doctor's individual advice on appropriateness of any medical service to be provided. Doctors of HMG and its healthcare network team are all individual healthcare personnel instead of employees or representatives of FWD. FWD shall not be responsible for any act, negligence or omission of any medical service or treatment provided by them.
- You are required to consent to FWD, HMG and its healthcare network team (whether within or outside Macau), recording, sharing, using and archiving your personal data in pursuance of CANcierge[1] being offered to you as well as for their training and quality assurance purposes. You hereby consent to the transfer of your personal data outside Macau. Failure to provide the relevant personal data may result in the said service providers being unable to provide the relevant services to you.

The above information is for reference only and is indicative of the key features of CANcierge[1] and not the benefits of Eligible Plans. For a complete explanation of the terms and conditions of Eligible Plans, please refer to the Policy Provisions. In the event of any discrepancy between the English and Chinese version of this leaflet, the Chinese version shall prevail.

[1] CANcierge, provided by HealthMutual Group Limited ("HMG") and its healthcare network team, is not a part of the Policy or benefit item under the Policy Provisions and only applicable to CANsurance Series and designated insurance basic plans or riders ("Eligible Plans"). FWD Life Insurance Company (Macau) Limited ("FWD") reserves the right to terminate or vary CANcierge in its sole discretion without further notice. FWD shall not be responsible for any act, negligence or failure to act on the part of HMG and its healthcare network team. CANcierge is only available to treatment obtained in Hong Kong.

[2] Covered Cancer refers to the first symptoms that occur no earlier than 90 days (CANsurance Cancer Protection Plan) / 30 days (CANsurance Full Medical Plan) after the policy date or the date of last reinstatement (whichever is later) and are subsequently confirmed by a specialist as meeting the definition of Cancer or Carcinoma-in-situ. Please refer to Policy Provisions for the definitions of Cancer and Carcinoma-in-situ.

[3] Cashless Facility is an administrative arrangement to pay the covered expenditures when the insured is hospitalised, but not a benefit item under Policy Provisions or guaranteed successful arrangement. Cashless Facility is only applicable if the Insured requires hospitalisation, treatment and supportive therapies due to a Covered Cancer. FWD reserves the right to terminate or vary CANcierge in its sole discretion without further notice. FWD would pay the medical cost to the relevant hospital on behalf of the insured after successful arrangement of Cashless Facility. If the medical cost paid by FWD is higher than the maximum amount of benefit, FWD will seek reimbursement from the policyowners for such amount.

[4] This hotline is cooperated by FWD & HMG. HMG will handle the reservation calls from 8:00 a.m. to 10:00 p.m., Monday to Sunday and FWD will be responsible for any calls afterwards. Please note that this hotline is for non-emergent reservation of doctor consultation instead of for emergency purpose. The Toll-free number for Mainland operates only from 8:00 a.m. to 10:00 p.m., Monday to Sunday.

PMM-CANcierge-E2108